

11/18

ADDRESS TO PARTICIPANTS
OF THE FIRST NATIONAL CONFERENCE
ON HEALTH PROMOTION / DISEASE PREVENTION
FOR AMERICAN INDIANS AND ALASKA NATIVES

"BEYOND SURVIVAL"

HEALTH CHALLENGES IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

FRIDAY, JUNE 19, 1987
10:00 A.M., DHHS BUILDING, NORTH HALL

C. EVERETT KOOP, M.D., SC.D.
SURGEON GENERAL
U.S. PUBLIC HEALTH SERVICE

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U.S. PUBLIC HEALTH SERVICE

THANK YOU GOVERNOR JAMES.

DR. SUNDWALL, DR. RHOADES, DR. WAUNEKA, AND HONORED GUESTS ... GOOD MORNING TO YOU ALL.

I AM MOST PLEASED TO BE HERE TODAY SINCE THIS CONFERENCE IS THE FIRST PUBLIC EVENT THAT I AM AWARE OF WHICH EXPOSES ONE OF THE BEST KEPT SECRETS IN THE PUBLIC HEALTH SERVICE: THE INDIAN HEALTH SERVICE.

I SAY BEST KEPT SECRET BECAUSE THE INDIAN HEALTH SERVICE HAS QUIETLY AND WITHOUT MUCH FANFARE ESTABLISHED ITSELF AS A LEADER IN HEALTH SERVICES PLANNING AND DELIVERY. MOST SIGNIFICANTLY, THE INDIAN HEALTH SERVICE HAS CLEARLY DEMONSTRATED UNIQUE AND INNOVATIVE TALENT IN THE DEVELOPMENT AND IMPLEMENTATION OF HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES.

LET ME GIVE YOU BUT A FEW EXAMPLES OF THIS INNOVATION AND ITS OUTCOMES.

CONSIDER FOR A MOMENT INFANT MORTALITY, AN INTERNATIONALLY ACCEPTED MEASURE OF EFFECTIVENESS IN PREVENTING DISEASE.

THE INDIAN HEALTH SERVICE BEGAN ITS EFFORTS IN 1955 FACING AN AMERICAN INDIAN AND ALASKA NATIVE INFANT MORTALITY 3 TIMES THE NATIONAL AVERAGE. TODAY, AMERICAN INDIAN AND ALASKA NATIVE INFANT MORTALITY IS BELOW THE NATIONAL AVERAGE, AND NEONATAL DEATHS ARE ONLY 60% OF THE NATIONAL RATE. THIS HAS BEEN ACHIEVED THROUGH A SOLID COMMUNITY BASED EFFORT IN SANITATION, HEALTH EDUCATION, OUTREACH EFFORTS BY COMMUNITY HEALTH REPRESENTATIVES AND COMMUNITY HEALTH NURSES, AS WELL AS ENHANCED OBSTETRICAL CAPABILITIES.

THIS ACHIEVEMENT IS ALSO ATTRIBUTABLE TO THE OUTSTANDING COMPREHENSIVE PRIMARY CARE PROGRAM DEVELOPED BY THE INDIAN HEALTH SERVICE. THIS PROGRAM IS CHARACTERIZED BY THE COORDINATED USE OF EPIDEMIOLOGIC TOOLS TO ANALYZE HEALTH NEEDS, THE DEPLOYMENT OF COMMUNITY BASED SERVICES TO PREVENT DISEASE AND IDENTIFY EARLY MANIFESTATIONS OF DISEASE, AND THE PROVISION OF THE HIGHEST QUALITY PRIMARY MEDICAL SERVICES TO TREAT AND CURE DISEASE WHEN IT OCCURS.

LASTLY, AND MOST IMPORTANTLY, THIS SUCCESS IS ATTRIBUTABLE TO THE AMERICAN INDIAN AND ALASKA NATIVE PEOPLE THEMSELVES. WITHOUT THE COMMITMENT OF INDIAN LEADERSHIP TO THE FUTURE OF THEIR PEOPLE, THESE EXCEPTIONAL PROGRAMS WOULD HAVE BEEN ONLY MODESTLY SUCCESSFUL. THAT COMMITMENT IS THE CORNERSTONE TO FUTURE HEALTH SUCCESSES.

A MORE RECENT EXAMPLE OF INDIAN HEALTH SERVICE LEADERSHIP IS DEMONSTRATED IN THE DEVELOPMENT OF SMOKE-FREE ENVIRONMENTS.

IT HAS BEEN MOST GRATIFYING TO SEE AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES BECOME INCREASINGLY COMMITTED TO SMOKE-FREE HEALTH FACILITIES, TRIBAL OFFICES, SCHOOLS, AND OTHER PUBLIC BUILDINGS IN INDIAN COUNTRY. BEGINNING IN DECEMBER 1983, WITH THE ANNOUNCEMENT THAT THE KEAMS CANYON HOSPITAL WOULD BE THE FIRST SMOKE-FREE HOSPITAL IN ARIZONA. THE IHS HOSPITALS AND CLINICS HAVE LED THE WAY IN MANY STATES IN ESTABLISHING SMOKE-FREE HEALTH FACILITIES. TRIBAL GOVERNMENTS HAVE SHOWN LEADERSHIP IN ESTABLISHING SMOKE-FREE POLICIES IN TRIBAL OFFICES AND OTHER TRIBAL CONTROLLED FACILITIES. THESE STEPS HAVE BEEN UNDERTAKEN DESPITE PRESSURE TO MAINTAIN THE STATUS-QUO.

THE MEMBERS OF AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES HAVE PERSISTED TO WORK AT THESE PROBLEMS IN SPITE OF ALL KINDS OF ADVERSITY. NATIONAL RECOGNITION FOR THIS COMMITMENT TO GOOD HEALTH HAS COME FROM A VARIETY OF ENTITIES INCLUDING: NATIONAL LUNG ASSOCIATION, VARIOUS STATE LEGISLATURES, AND THE AMERICAN PUBLIC HEALTH ASSOCIATION. I WOULD LIKE TO ADD MY PERSONAL CONGRATULATIONS TO THE MANY PEOPLE WHO HAVE CONTRIBUTED TO THE SUCCESS OF THIS EFFORT ESPECIALLY EVERETT RHOADES, AND HIS AREA AND ASSOCIATE DIRECTORS, THE NURSING AND COMMUNITY HEALTH PERSONNEL OF INDIAN HEALTH SERVICE WHO HAVE BEEN MAJOR SUPPORTERS OF THIS EFFORT, AND THE MANY TRIBAL LEADERS WHO HAVE SHOWN THE WAY TO THEIR COMMUNITIES.

YOU KNOW THAT I TALK TO LARGE AUDIENCES ALL OVER THE COUNTRY AND ABROAD - AND I NEVER MISS A CHANCE TO SPEAK OF THIS IHS ACHIEVEMENT WITH CONSIDERABLE PRIDE.

OUR PROBLEMS DO NOT STOP WITH MAINSTREAM AND SIDESTREAM SMOKE, HOWEVER. SMOKELESS TOBACCO PRESENTS ADDITIONAL, SIGNIFICANT HEALTH RISKS.

USE OF SMOKELESS TOBACCO HAS BEEN HEAVILY PROMOTED AND, AS A RESULT, WE'RE SEEING IT BECOME FAIRLY POPULAR AMONG SUSCEPTIBLE MALE ADOLESCENTS, WHO USE IT EVERY DAY. AND DAILY USAGE CAN LEAD TO NICOTINE ADDICTION AND DEPENDENCE.

SMOKELESS TOBACCO IS HERE AND WE WILL HAVE A TOUGH TIME GETTING RID OF IT. HENCE, WE CAN EXPECT TO SEE A RISE IN THE INCIDENCE OF CERTAIN CANCERS IN AMERICAN INDIAN AND ALASKA NATIVE POPULATIONS AS WELL AS AN INCREASE IN MANY NONCANCEROUS ORAL CONDITIONS. THE COMMUNITIES REPRESENTED HERE ARE ALREADY SHOWING LEADERSHIP IN THIS AREA AS WELL.

LET ME TURN NOW TO TWO PRESSING ISSUES CONFRONTING US IN THE PUBLIC HEALTH SERVICE TODAY. THE FIRST IS THE REVITALIZATION OF THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE AND THE SECOND IS THE GROWING THREAT OF AIDS. I WILL ADDRESS REVITALIZATION FIRST.

AS SURGEON GENERAL, I AM ACUTELY AWARE OF THE HEALTH ISSUES AND DIFFICULTIES WHICH CONFRONT US AS A NATION AND THE VITAL ROLES PLAYED BY BOTH CIVIL SERVICE AND COMMISSIONED CORPS EMPLOYEES IN OUR CONTINUING BATTLE AGAINST ILLNESS AND DISEASE. I SEE THE VITALITY OF THE MEN AND WOMEN OF THE PHS AS ESSENTIAL TO THE PHYSICAL AND MENTAL HEALTH AND WELL BEING OF THE PEOPLE OF AMERICA, AND I AM PROUD OF THEIR CONTRIBUTIONS TO THE MISSION OF THE PUBLIC HEALTH SERVICE.

THE MISSION OF THE UNITED STATES PUBLIC HEALTH SERVICE IS TO PROMOTE THE PROTECTION AND ADVANCEMENT OF BOTH THE PHYSICAL AND THE MENTAL HEALTH OF THE AMERICAN PEOPLE. A VERY SIGNIFICANT PART OF THIS MISSION IS TO PROVIDE HEALTH CARE TO THE FIRST AMERICANS, THE AMERICAN INDIAN AND ALASKA NATIVE PEOPLES.

IF THE PHS IS TO CONTINUE TO CARRY OUT ITS MISSION, AND AS THE THEME OF THIS CONFERENCE SUGGESTS, WE ARE TO GO "BEYOND SURVIVAL", IT MUST MAINTAIN A CRITICAL MASS OF HIGHLY QUALIFIED, EXPERIENCED HEALTH PROFESSIONALS, CIVIL SERVICE AS WELL AS COMMISSIONED CORPS.

THE ROLE OF THE PHS COMMISSIONED CORPS IN CARRYING OUT THIS MISSION IS TO ATTRACT AND RETAIN AN EFFECTIVE CADRE OF HIGHLY TRAINED, MULTI-SKILLED, MOBILE, FLEXIBLE HEALTH PROFESSIONALS WHO ARE COMMITTED TO HUMAN SERVICE AND WHO CAN ASSIST THE DEPARTMENT TO RAPIDLY AND EFFECTIVELY PURSUE ITS POLICY INITIATIVES AND PROGRAM EFFORTS. IF THE HISTORIC MISSION OF THE PUBLIC HEALTH SERVICE IS GOING TO CONTINUE TO BE SUCCESSFUL AND FULFILLED AND IF WE ARE GOING TO BE ABLE TO RESPOND APPROPRIATELY TO NEW CHALLENGES, SUCH AS AIDS, NATIONAL EMERGENCY PREPAREDNESS, AND SUBSTANCE ABUSE, THE CORPS MUST BE MAXIMALLY FIT AND CAPABLE. TO ACCOMPLISH THIS I HAVE INITIATED A MAJOR REVITALIZATION EFFORT WITHIN THE COMMISSIONED CORPS.

MANY OF THE IMPROVEMENTS FROM THE REVITALIZATION PROCESS WILL BE ESPECIALLY BENEFICIAL TO THE INDIAN HEALTH SERVICE AND WILL PROVIDE ADDITIONAL CAPABILITIES TO FURTHER ASSURE THE DELIVERY OF HIGHEST QUALITY SERVICE TO THE INDIAN PEOPLE.

MANY OF THE HEALTH PROVIDERS WORKING IN INDIAN COMMUNITIES ARE MEMBERS OF THE COMMISSIONED CORPS. THIS GROUP OF DEDICATED PUBLIC HEALTH PROFESSIONALS HAS SERVED THE AMERICAN INDIAN AND ALASKA NATIVE PEOPLE WELL OVER THE LAST 30 YEARS. IN FACT, I FEEL THAT THE COMMITMENT AND SKILL EXEMPLIFIED BY THESE PROFESSIONALS WORKING WITHIN THE INDIAN HEALTH SERVICE EPITOMIZE THE VERY HIGHEST OF QUALITIES I IDENTIFY WITH COMMISSIONED OFFICERS. IT IS MY GOAL AND INTENTION THAT THE WHOLE OF THE COMMISSIONED CORPS REFLECT AND LIVE BY THOSE VALUES OF COMPASSION, STEADFASTNESS, COMPETENCY, AND UNDERSTANDING THAT I HAVE OBSERVED IN SO MANY OF THE COMMISSIONED OFFICERS WITHIN THE IHS.

WHILE I WOULD LIKE TO PROCEED WITH THE REVITALIZATION INITIATIVE AS RAPIDLY AS POSSIBLE, I ALSO RECOGNIZE THE UNIQUE MISSION, THE SPECIAL SERVICE ENVIRONMENT, AND THE UNIQUE RELATIONSHIP THAT EXISTS BETWEEN THE INDIAN TRIBES AND THE PUBLIC HEALTH SERVICE. I ALSO RECOGNIZE THE IMPORTANCE OF TRIBAL CONSULTATION AS AN INTEGRAL PART OF THE REVITALIZATION EFFORT AND I FULLY SUPPORT AND ENCOURAGE DR. RHOADES' EFFORTS IN THIS AREA.

I APPRECIATE THE STRONG SUPPORT THAT HAS BEEN GIVEN BY DR. RHOADES IN THIS INITIATIVE. I WOULD LIKE TO RE-EMPHASIZE MY FIRM COMMITMENT TO THE MISSION OF THE INDIAN HEALTH SERVICE AS ONE OF THE PRINCIPAL OBJECTIVES OF THE PUBLIC HEALTH SERVICE AND TO DR. RHOADES' LEADERSHIP OF THIS PROGRAM. I WILL CONTINUE TO WORK CLOSELY WITH HIM TO INSURE THAT THE REVITALIZATION EFFORT MAINTAINS THE FLEXIBILITY TO BE SENSITIVE AND RESPECTFUL OF THE UNIQUE RELATIONSHIP THAT EXISTS WITH THE INDIAN PEOPLE AND THEIR HEALTH CARE NEEDS.

THE LAST ISSUE I WISH TO BRING BEFORE YOU IS THE CURRENT STATUS OF AIDS SPREAD, TREATMENT, AND PREVENTION. AS YOU MAY BE AWARE, AN INTERNATIONAL CONFERENCE ON THIS TOPIC WAS HELD IN WASHINGTON 2 WEEKS AGO. LET ME SHARE WITH YOU THE MOST RECENT INSIGHTS REGARDING THIS DEVASTATING DISEASE.

MEDICINE HAD NEVER COME UPON A SYNDROME QUITE LIKE IT BEFORE. WE GAVE IT A LONG TITLE: THE "ACQUIRED IMMUNE DEFICIENCY SYNDROME." BUT WE SOON SETTLED JUST FOR THE INITIALS...A.I.D.S. ...OR "AIDS."

AND IT'S BEEN AIDS EVER SINCE.

I'LL JUST TOUCH ON A FEW KEY POINTS:

FIRST OF ALL, WE'RE TALKING ABOUT A DISEASE THAT IS SPREADING AND IS FATAL. IT NOW TAKES ABOUT A YEAR FOR THE NUMBER OF VICTIMS TO DOUBLE. FOR EXAMPLE, AT THE END OF 1985, WE HAD A CUMULATIVE TOTAL OF ABOUT 19,000 REPORTED CASES. TODAY THE TOTAL NUMBER OF AIDS VICTIMS IS CLOSE TO 36,000.

OVER HALF OF THEM HAVE ALREADY DIED OF THE DISEASE...AND THE REST PROBABLY WILL.

THIS YEAR WE EXPECT TO ADD ANOTHER 23,000. AND BY THE END OF THE 1990 THE CUMULATIVE TOTAL WILL BE OVER A QUARTER OF A MILLION.

SECOND POINT: EVEN THOUGH SCIENTISTS HAVE HAD A LOOK AT THE AIDS VIRUS, WE STILL DON'T KNOW PRECISELY WHAT IT IS.

ONCE YOU KNOW WHERE THE AIDS VIRUS IS, YOU CAN THEN RECOGNIZE THE PRESENCE OF ANTIBODIES SPECIFIC TO IT.

AS OF 1985 WE'VE HAD A TEST THAT CAN DETECT THE PRESENCE OF THESE ANTIBODIES IN A PERSON'S BLOODSTREAM. BEFORE THE TEST WAS DEVELOPED, THE AIDS ANTIBODIES WERE TURNING UP IN ABOUT 4 OR 5 UNITS OF BLOOD PER 10,000 UNITS. NOW, SINCE BLOOD SCREENING WAS BEGUN, THAT FIGURE HAS COME DOWN TO ABOUT 4 UNITS PER 1 MILLION UNITS OF TRANSFUSED BLOOD. AND, AS YOU KNOW, I'M SURE, THAT'S AS CLOSE TO PERFECT AS YOU CAN GET IN THIS KIND OF SERVICE.

THERE ARE BETWEEN A MILLION AND A MILLION-AND-A-HALF AMERICANS WALKING AROUND WITH THE AIDS VIRUS IN THEIR SYSTEMS.

THEY HAVE THE VIRUS...BUT THEY AREN'T YET SICK WITH AN AIDS-RELATED DISEASE, SUCH AS PNEUMOCYSTIS CARINII PNEUMONIA OR KAPOSI'S SARCOMA OR ANY OF THE THE VIRULENT MEGALOVIRAL DISEASES.

THE INCUBATION PERIOD, APPARENTLY CAN BE ANYWHERE FROM A YEAR OR SO IN SOME PEOPLE TO 10 YEARS IN OTHERS. SO WE STILL CAN'T PREDICT WHICH PERSON CARRYING THE AIDS VIRUS WILL OR WILL NOT GET AN AIDS-RELATED DISEASE.

SO THE POSSIBILITY OF BEING OVERCOME BY AN INFECTIOUS DISEASE OF SOME KIND IS VERY, VERY HIGH.

THERE'S OTHER RESEARCH GOING ON AS WELL, IN THE AREA OF DRUG THERAPY AND VACCINE DEVELOPMENT. IN FACT, RESEARCH NOW COMMANDS ABOUT \$300 MILLION IN FEDERAL FUNDS THIS YEAR, PLUS MANY MILLIONS MORE IN STATE AND PRIVATE SECTOR FUNDS. AND EVERYBODY WANTS TO KNOW WHEN AN EFFECTIVE VACCINE MIGHT BE AVAILABLE. I HAVE TO TELL THEM THAT I DON'T SEE ONE IN THE NEAR FUTURE.

NATURALLY, WE'RE MOVING AHEAD ON THIS FRONT AS QUICKLY AS WE CAN. BUT, AS YOU KNOW, VACCINE DEVELOPMENT IS ONE THING THAT CANNOT BE RUSHED WITHOUT CREATING MORE PROBLEMS THAT WE ALREADY HAVE.

NOW, FOR MY THIRD POINT:

WE DON'T KNOW VERY MUCH ABOUT AIDS...BUT WE DO KNOW -- WITH COMPLETE CERTAINTY -- THAT THE AIDS VIRUS TENDS TO CONCENTRATE IN BODY FLUIDS WHICH ALSO CARRY LARGE CONCENTRATIONS OF INFECTED LYMPHOCYTES.

IN MOST BODY FLUIDS -- SUCH AS TEARS, SALIVA, AND PERSPIRATION, FOR EXAMPLE -- THE VIRUS PARTICLE COUNT IS VERY LOW OR ABSENT ALTOGETHER. ON THE OTHER HAND, LARGE NUMBERS OF VIRUS PARTICLES ARE FOUND IN BLOOD AND SEMEN.

THE INITIAL ALARM ABOUT AIDS WAS SOUNDED AMONG HOMOSEXUALS AND BISEXUAL MEN BECAUSE SOME SEX PRACTICES AMONG THESE MEN NOT ONLY PRODUCE SEMEN BUT MANY ALSO CAUSE SOME BLEEDING. AND, AGAIN, BLOOD AND SEMEN ARE THE ONLY TWO BODY FLUIDS THAT CARRY -- AND TRANSMIT -- HIGH ENOUGH CONCENTRATIONS OF THE LIVE AIDS VIRUS.

THE BIOPHYSICAL PECULIARITIES OF THE AIDS VIRUS ALSO EXPLAIN WHY 25 PERCENT OF ALL AIDS CASES ARE INTRAVENOUS DRUG ABUSERS WHO USE CONTAMINATED NEEDLES AND OTHER PARAPHERNALIA THEY'VE BORROWED FROM OTHER ADDICTS WHO HAVE AIDS. THIS GROUP INCLUDES DRUG ABUSERS WHO ARE HOMOSEXUALS, ALSO.

WHEN WE FIRST BEGAN TO CONFRONT THE AIDS EPIDEMIC, THE PEOPLE AT HIGHEST RISK WERE EITHER HOMOSEXUALS AND BISEXUAL MEN AND I.V. DRUG ABUSERS, MALE AND FEMALE. I'M AFRAID THEY STILL ARE: 9 OF EVERY 10 CASES INVOLVE THESE KINDS OF INDIVIDUALS.

BUT NOWADAYS WE'RE RECEIVING MORE AND MORE REPORTS OF THE AIDS VIRUS OCCURRING AMONG HETEROSEXUAL MEN AND WOMEN WHO ARE NOT I.V. DRUG ABUSERS. IN FACT, THEIR HETEROSEXUAL ACTIVITY SEEMS TO BE THEIR ONLY RISK FACTOR.

ANOTHER CONCERN IS THE RISE IN AIDS AMONG BLACKS AND HISPANICS. BLACKS ACCOUNT FOR 12 PERCENT OF THE POPULATION, BUT THEY ACCOUNT FOR 25 PERCENT OF ALL AIDS CASES. SIMILARLY, HISPANICS ACCOUNT FOR 6 PERCENT OF THE U.S. POPULATION, BUT THEY ACCOUNT FOR 14 PERCENT OF ALL AIDS CASES.

AND THAT LEADS ME TO MY FOURTH POINT: OUR SINGLE DEFENSE AGAINST THIS DISEASE FROM THE VERY BEGINNING HAS BEEN INFORMATION AND EDUCATION. AND IT STILL IS.

OVER THE PAST 5 YEARS, WE'VE BEAMED INFORMATION ALMOST EXCLUSIVELY TO HOMOSEXUALS AND BISEXUAL MEN AND, WHEREVER POSSIBLE, TO DRUG ABUSERS.

BUT NOW WE NEED TO DIRECT OUR INFORMATION AND EDUCATION EFFORTS OUT TO HETEROSEXUAL MEN AND WOMEN...WHICH IS TO SAY, TO SOCIETY AT LARGE.

THAT WAS THE BASIS FOR THE SURGEON GENERAL'S REPORT ON AIDS, WHICH I RELEASED LAST OCTOBER.

THERE IS MUCH SCIENTIFIC AND PUBLIC HEALTH INFORMATION IN THAT REPORT, BUT ON THE BEHAVIORAL SIDE, THERE ARE JUST THREE MESSAGES THAT ARE VITALLY IMPORTANT:

THE FIRST MESSAGE IS SIMPLE ENOUGH. IT SAYS THAT THE BEST DEFENSE AGAINST AIDS IS TOTAL ABSTINENCE FROM SEXUAL RELATIONS.

I THINK THAT'S PRECISELY THE RIGHT MESSAGE TO GIVE TO OUR CHILDREN -- AIDS OR NO AIDS. BUT ADULTS ARE AT RISK ALSO, AND A RECOMMENDATION OF TOTAL ABSTINENCE FROM THE ENTIRE POPULATION IS, TO SAY THE LEAST, UNREALISTIC.

HENCE, MY SECOND MESSAGE IS THIS:

FIND SOMEONE WHO IS WORTHY OF YOUR RESPECT AND YOUR LOVE...GIVE THAT PERSON BOTH...AND STAY FAITHFUL TO HIM OR HER.

ON OTHER WORDS, SHORT OF TOTAL ABSTINENCE, THE BEST DEFENSE AGAINST AIDS IS TO MAINTAIN A FAITHFUL, MONOGAMOUS RELATIONSHIP IN WHICH YOU HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

MY THIRD MESSAGE IS FOR PEOPLE WHO AREN'T ABSTINENT BUT DON'T YET HAVE A FAITHFUL MONOGAMOUS RELATIONSHIP...FOR WHATEVER REASON. UNLESS YOU KNOW WITH ABSOLUTE CERTAINTY THAT NEITHER YOU NOR YOUR PARTNER IS CARRYING THE AIDS VIRUS, YOU MUST USE CAUTION.

FROM THE VIEWPOINT OF EPIDEMIOLOGY, WHEN YOU HAVE SEX WITH SOMEONE, YOU'RE ALSO HAVING SEX WITH EVERYONE ELSE WITH WHOM THAT PERSON HAS HAD SEX FOR AT LEAST 5 YEARS.

IF YOU DO DECIDE TO HAVE SEX WITH SOMEONE AND YOU ARE NOT ABSOLUTELY CERTAIN ABOUT HIS OR HER SEXUAL HISTORY, THEN -- IF YOU'RE A MAN -- USE A CONDOM FROM START TO FINISH, IF YOU'RE A WOMEN, MAKE SURE YOUR MALE PARTNER USES A CONDOM...AGAIN, FROM START TO FINISH.

A CONDOM WON'T PROVIDE 100 PERCENT PROTECTION -- FEW THINGS IN LIFE DO -- BUT SO FAR IT SEEMS TO BE THE BEST PROTECTION AVAILABLE.

I APOLOGIZE FOR TRYING TO PACK SO MUCH INTO A FEW MINUTES, BUT I FELT I MUST SHARE THESE ACCOLADES AND PROBLEMS WITH YOU.

IN SUMMARY, SIGNIFICANT PUBLIC HEALTH CHALLENGES HAVE BEEN IDENTIFIED IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES IN THE PAST. THESE CHALLENGES HAVE BEEN MET WITH GREAT SUCCESS AND THERE WILL BE MANY MORE AHEAD. I AM CERTAIN THAT THEY WILL BE ADDRESSED WITH THE SAME VIGOR, INNOVATION, AND COMPETENCY BY THE MANY INDIVIDUALS WHO PROVIDE HEALTH SERVICES TO AMERICAN INDIAN AND ALASKA NATIVE PEOPLE. THEIR EFFORTS, WHEN COMBINED WITH THE COOPERATION OF TRIBAL COMMUNITIES AND GOVERNMENTS, WILL MOST CERTAINLY PROVIDE THE CRITICAL INGREDIENTS FOR MANY MORE SUCCESSES AND CARRY THE NATIVE AMERICAN PEOPLE WELL "BEYOND SURVIVAL."